

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM T-875)

SERIAL NO.

10/79,467

FILING DATE

*Updated*

APPLICANT(S)

12/19/06

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		2				
5		1				
6		1				
7		1				
8		3				
9		3				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
20		1				
21		1				
22		2				
23		1				
24		11				
25		1				
26		1				
27		1				
28		2				
29		1				
30	<del>1</del>	<del>1</del>				
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50						
TOTAL IND.	1	↓		↓		↓
TOTAL DEP.	35	←		←		←
TOTAL CLAIMS	36					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER: 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						